

## APPLICATION FOR MICHIGAN PRELIMINARY OR SCHOOL PSYCHOLOGIST CERTIFICATE FOR CANDIDATES WHO COMPLETED REQUIREMENTS OUT-OF-STATE

**NOTE:** This form is to be used **ONLY** if the applicant completed a school psychologist program at an approved out-of-state university and holds a valid out-of-state or nationally recognized school psychologist certificate. **DO NOT** use this form if the school psychologist program was completed at a Michigan university. Candidates who completed requirements for a school psychologist certificate at a Michigan university must apply directly to that Michigan university to be recommended for the school psychologist certificate.

### REQUIREMENTS FOR THE PRELIMINARY AND SCHOOL PSYCHOLOGIST CERTIFICATES

#### **Preliminary School Psychologist Certificate:**

The preliminary school psychologist certificate is Michigan's initial school psychologist license. The application evaluation fee for the preliminary school psychologist certificate is \$210.00. To qualify for the preliminary school psychologist certificate, the applicant must:

1. Have completed a school psychologist program at an approved out-of-state university.
2. Hold a valid out-of-state school psychologist certificate.
3. Have never held a Michigan school psychologist certificate.

#### **School Psychologist Certificate:**

The school psychologist certificate is Michigan's advanced school psychologist license. The application evaluation fee for the school psychologist certificate is \$160.00. To qualify for the school psychologist certificate, the applicant must:

1. Hold a Michigan preliminary school psychologist certificate.
2. Have completed a school psychologist program at an approved out-of-state university.
3. Have completed one year of work experience under the supervision of a fully certified school psychologist since the Michigan preliminary school psychologist certificate was issued.

The school psychologist certificate may also be available as the initial Michigan school psychologist license to applicants who completed their school psychologist program outside the State of Michigan and who have never held a Michigan preliminary school psychologist certificate. The application evaluation fee for the school psychologist certificate issued under these circumstances is \$210.00. Eligible applicants must:

1. Hold a valid nationally recognized school psychologist certificate.
2. Have completed a specialist degree or its equivalent in an approved school psychologist program.
3. Have completed at least one year of successful school psychologist experience after the issuance of the nationally recognized school psychologist certificate.

### GENERAL INSTRUCTIONS:

- Complete all sections of the application form (see reverse side). **PLEASE PRINT OR TYPE.**
- If you are applying for the preliminary school psychologist certificate, enclose **OFFICIAL** transcripts from the university where you completed the school psychologist program.
- If you are applying for the preliminary school psychologist certificate, enclose a copy of your out-of-state school psychologist certificate.
- If you hold a Michigan preliminary school psychologist certificate and are applying for the school psychologist certificate, enclose a copy of your supervising school psychologist's certificate.
- If you have never held a Michigan preliminary school psychologist certificate and are applying for the school psychologist certificate, enclose a copy of your nationally recognized school psychologist certificate and **OFFICIAL** transcripts showing that you have completed a specialist degree or its equivalent in an approved school psychologist program.
- If you are applying for the school psychologist certificate, your employing school district must complete the attached *Work Experience Report Form* and it must be enclosed with your application form.
- Upon receipt of your application, you will be billed for the appropriate fee. **The fee is for the application evaluation process and is non-refundable. DO NOT SEND PAYMENT WITH THE APPLICATION FORM.**
- Your credentials will be evaluated after your completed application is submitted and the evaluation fee is paid.
- **Mail the completed application form, along with the required documentation, to the address indicated above.**

# APPLICATION FOR MICHIGAN PRELIMINARY OR SCHOOL PSYCHOLOGIST CERTIFICATE

(SEE REVERSE SIDE FOR INSTRUCTIONS)

**APPLICANT INFORMATION**

<b>SOCIAL SECURITY NUMBER</b>	<b>DATE OF BIRTH</b>	<b>MONTH</b>	<b>DAY</b>	<b>YEAR</b>	<b>GENDER</b>
					<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
<b>NAME</b>	<b>Last</b>	<b>First</b>	<b>Middle</b>	<b>Maiden</b>	<b>TELEPHONE NUMBER</b>
					(      )
<b>ADDRESS</b>	<b>Street</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> <u>American Indian or Alaskan Native</u> (having origins in any of the original peoples of North America or maintaining cultural identification through tribal affiliation or community recognition)   <input type="checkbox"/> <u>White, NOT of Hispanic origin</u> (having origins in any of the original peoples of Europe, North Africa or the Middle East)         </div> <div style="width: 30%; text-align: center;"> <b>RACIAL AND ETHNIC CATEGORIES</b>  <input type="checkbox"/> <u>Black, NOT of Hispanic origin</u> (having origins in any one of the black racial groups of Africa)   <input type="checkbox"/> <u>Asian or Pacific Islander</u> (having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa)         </div> <div style="width: 30%;"> <input type="checkbox"/> <u>Hispanic</u> (a person of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, regardless of race)   <input type="checkbox"/> <u>Multiracial</u> (a person of mixed racial-ethnic origins)         </div> </div>					

**TYPE OF CERTIFICATE (See reverse side for requirements)**

<b>(CHECK ONE)</b> <input type="checkbox"/> <b>Preliminary School Psychologist Certificate</b>	<input type="checkbox"/> <b>School Psychologist Certificate (Holds a valid or expired Michigan preliminary school psychologist certificate)</b>	<input type="checkbox"/> <b>School Psychologist Certificate (Never held a Michigan school psychologist certificate)</b>
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**DEGREE INFORMATION**

Type of Degree	Name of Degree Granting Institution	Year Degree Conferred
Bachelor's		
Master's		
Specialist's		
Ph.D./Ed.D.		
Other (specify)		

**CERTIFICATION INFORMATION**

Have you ever held a Michigan preliminary or school psychologist certificate? <b>(attach copy if answer is yes)</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	Type of Certificate:	Expiration Date
Do you hold a valid out-of-state school psychologist certificate? <b>(attach copy if answer is yes)</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	State that Issued Certificate:	Expiration Date
Do you hold a valid nationally recognized school psychologist certificate? <b>(attach copy if answer is yes)</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date certificate was issued:	Expiration Date

**CONVICTION/REVOCATION INFORMATION** *(If you answer "yes" to any of the following questions, please provide a detailed description of the circumstances surrounding the conviction or action and attach copies of court documents.)*

Have you ever been convicted of (or pleaded no contest to) a misdemeanor or felony? <b>(check one)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had a teaching/school counselor/school psychologist certificate suspended or revoked? <b>(check one)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there currently action pending against your teaching/school counselor/school psychologist certificate? <b>(check one)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever surrendered a teaching/school counselor/school psychologist certificate? <b>(check one)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**APPLICANT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**-DO NOT WRITE BELOW THIS LINE-**

Institution \_\_\_\_\_ Degree \_\_\_\_\_ Date Issued \_\_\_\_\_

Type of Certificate \_\_\_\_\_ Fee Paid \$ \_\_\_\_\_ Expiration Date \_\_\_\_\_

Approved By \_\_\_\_\_ Date Approved \_\_\_\_\_

## WORK EXPERIENCE REPORT FORM FOR SCHOOL PSYCHOLOGIST CERTIFICATE

**Instructions:** This form is for verification of work experience required for a school psychologist certificate. Please have the Superintendent or designee of the employing school district complete this form.

Name of Employing School District:

Employing School District's Address:

This is to verify that \_\_\_\_\_  
(last) (first) (middle) (maiden)  
social security number \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ has completed one successful year of work  
experience from \_\_\_\_\_ to \_\_\_\_\_ under the  
(month) (day) (year) (month) (day) (year)  
supervision of a fully certificated school psychologist.

\_\_\_\_\_  
(Supervising School Psychologist's signature)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(print or type name of Supervising School Psychologist)

\_\_\_\_\_  
(Superintendent or designee's signature)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(print or type name of Superintendent or designee)

\_\_\_\_\_  
(area code) (telephone number)

**Enclose the completed Work Experience Report Form and a copy of the certificate of the fully certificated supervising school psychologist with your application for the school psychologist certificate.**